

- PLEASE PRINT, COMPLETE AND BRING INTO OR FAX YOUR CREDIT APPLICATION TO ANY DIXIE FURNITURE LOCATION -
Charleston Fax 843.723.5920 • North Charleston Fax 843.554.4844 • Walterboro Fax 843.549.7605

*****NOTE: IF YOU ARE NOT MARRIED, PLEASE FILL OUT A SEPARATE APPLICATION, THANKS, CREDIT DEPARTMENT *****

CONSUMER CREDIT APPLICATION

Check
Appropriate
box

- APPLICATION FOR INDIVIDUAL CREDIT IN YOUR OWN NAME RELYING ON YOUR OWN INCOME OR ASSETS AND NOT OF ANOTHER PERSON - COMPLETE SECTIONS A AND C
 APPLICATION FOR JOINT CREDIT WITH ANOTHER PERSON - COMPLETE SECTIONS A, B AND C
 APPLICATION FOR INDIVIDUAL CREDIT, BUT YOU ARE RELYING ON INCOME FROM ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE OR ON THE INCOME OR ASSETS OF ANOTHER PERSON AS THE BASIS FOR REPAYMENT OF THE CREDIT REQUESTED - COMPLETE SECTIONS A, B AND C

SECTION A - INFORMATION ABOUT APPLICANT

TITLE OPTIONAL _____ BIRTHDATE _____ SOCIAL SECURITY NUMBER _____

MR _____
 MRS _____
 MS _____
 MISS _____

RES. PHONE _____
CELL PHONE _____
BUS. PHONE _____

FIRST _____ MIDDLE _____ LAST _____

STREET ADDRESS _____
CITY _____ STATE _____ ZIP _____

HOW LONG AT PRESENT ADDRESS _____ RENTS FROM
BUYING FROM _____
NAME AND ADDRESS OF LANDLORD OR MORTGAGE HOLDER _____

RENT PAYMENT \$ _____ MORTGAGE PAYMENT \$ _____

FIRST PREVIOUS ADDRESS _____ HOW LONG? _____
SECOND PREVIOUS ADDRESS _____ HOW LONG? _____

NO. OF DEPENDENTS _____ NAME OF BANK _____

BANK ACCOUNT _____ Check _____
Savings _____

Personal email address: _____

Personal email address (Joint Applicant): _____

EMPLOYMENT RECORD

PRESENT EMPLOYER _____ HOW LONG? _____ EARNINGS _____ WK. GROSS
 WK. GROSS

EMPLOYER ADDRESS _____

DEPARTMENT _____ SUPERVISOR _____

FORMER EMPLOYER _____ HOW LONG? _____ EARNINGS _____ WK. GROSS
 MO. NET

FORMER EMPLOYER _____ HOW LONG? _____ EARNINGS _____ WK. GROSS
 MO. NET

OTHER INCOME \$ _____ SOURCE OF INCOME _____

NEAREST RELATIVE NOT LIVING WITH YOU _____ RELATION _____ STREET _____ CITY _____ PHONE _____

NEXT NEAREST RELATIVE NOT LIVING WITH YOU _____ RELATION _____ STREET _____ CITY _____ PHONE _____

NAME OF CLOSE FRIEND _____ STREET _____ CITY _____ PHONE _____

NAME OF CLOSE FRIEND _____ STREET _____ CITY _____ PHONE _____

SECTION B - INFORMATION ABOUT JOINT APPLICATION OR OTHER PARTY

NAME _____ BIRTHDATE _____ SOCIAL SECURITY NUMBER _____

RELATIONSHIP TO APPLICANT _____ RES PHONE _____ BUS. PHONE _____

PRESENT EMPLOYER _____ HOW LONG? _____ EARNINGS _____ WK. GROSS
 MO. NET

EMPLOYER ADDRESS _____ SUPERVISOR _____ DEPT NO. _____

PREVIOUS EMPLOYER _____ HOW LONG? _____ EARNINGS _____ WK. GROSS
 MO. NET

OTHER INCOME \$ _____ SOURCE OF INCOME _____

ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT WISH TO HAVE IT CONSIDERED FOR REPAYING THIS OBLIGATION. ALIMONY, CHILD SUPPORT, SEPARATE MAINTENANCE RECEIVED UNDER: COURT ORDER WRITTEN AGREEMENT ORAL UNDERSTANDING

NEAREST RELATIVE NOT LIVING WITH YOU _____ RELATION _____ STREET _____ CITY _____ PHONE _____

NEXT NEAREST RELATIVE NOT LIVING WITH YOU _____ RELATION _____ STREET _____ CITY _____ PHONE _____

NAME OF CLOSE FRIEND _____ STREET _____ CITY _____ PHONE _____

NAME OF CLOSE FRIEND _____ STREET _____ CITY _____ PHONE _____

AUTO OWNED	MAKE	MONTHLY PAYMENT	AUTO FINANCED BY	BALANCE
YEAR				\$
CREDIT REFERENCE	ADDRESS	MONTHLY PAYMENT	NAME ACCOUNT IS IN	OPEN
				CLOSED
CREDIT REFERENCE	ADDRESS	MONTHLY PAYMENT	NAME ACCOUNT IS IN	OPEN
				CLOSED
CREDIT REFERENCE	ADDRESS	MONTHLY PAYMENT	NAME ACCOUNT IS IN	OPEN
				CLOSED

The above information is for the purpose of obtaining credit and I/we certify that the information above is true and correct. I/we authorize you to verify the information and/or obtain additional information by obtaining data from a credit reporting agency. I/we hereby authorize Dixie Furniture Company to contact me/us at place of employment if Dixie Furniture Company finds it necessary during the term of this contract. I/we authorize Dixie Furniture Company to contact my/our Commanding Officer for the purpose of confirming my military status. I also authorize Dixie Furniture Company to contact my commanding officer in the event I default on my scheduled installment of the note signed by me on _____ and to advise him of said default. I hereby authorize Dixie Furniture Company to verify my address, length of lease, employment and any other information they need and the liberty to send me notices/promotions by email.

APPLICANT _____ CO-APPLICANT _____

ID OR DRIVERS LICENSE NO. _____ ID OR DRIVERS LICENSE NO. _____